

Tiger CAMPus REC

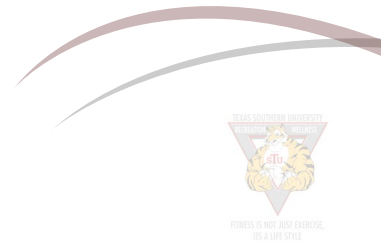
WELCOME CAMPERS!

We are very excited that you will be joining us this summer in this fun filled active yet educational fitness adventure. Our goal is to provide the highest quality recreational day camps. We strive to provide developmental and appropriate activities that promote life-long learning of recreational and sport skills to children ages 5-14 years old. The skills are experienced in a recreation setting to encourage each child to explore fun and diverse activities.



TEXAS SOUTHERN UNIVERSITY

3100 CLEBURNE ST. HOUSTON, TX. 77004
Office: 713-313-6885 FAX: 713-313-7842
Email: TXSUCAMPUSREC@TSU.EDU



TIGER CAMPus REC SUMMER DAY CAMP

Registration & Authorization Form *(one per family)*

- Open House June 2nd @ (630pm)
- Session 1 June 6th-10th
- Session 2 June 13th-17th
- Session 3 June 20th-24th
- Session 4 June 27th-July 1st
- Session 5 July 5th-8th (Camp closed on Monday, July 4th)
- Session 6 July 11th-15th
- Session 7 July 18th-22nd
- Session 8 July 25th-29th

- Parent/ Guardian Information (Name, Phone Number, Email)

- Camper Information (Name(s), Age, Birth date, Gender, Address, Shirt Size, Grade)
- Pick up Authorization (Names, Phone Numbers)
- Learn to Swim Authorization

- **Wavier Form** *(one per camper)*
- Child's Name
- Parent Name
- Parent Signature

- **Behavior Form** *(one per family)*
- Child Name
- Parent Name
- Parent Signature

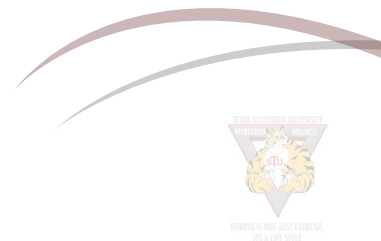
- **Emergency & Medical Information** *(one per camper)*
- Camper Information (Name)
- Emergency Contact Information (Names), Addresses), Phone Numbers)
- Physician & Health Insurance Information (Name, Address, Company, Policy Number)
- Parent Signature
- Medical Information (Allergies, Health Conditions, Daily Medications, Tetanus Shot, Date of last Physical Exam)
- Copy of Immunization Record

- **ADDITIONAL REQUIREMENTS:**
- **Child Medical/ Physical Care Plan** *(one per camper, if needed)*
- **Request for Administration of Medication** *(one per medication, if needed)*
- **Authorization for use of image form** *(one per camper)*

- **Payment Options**
- Cash, Credit Cards, Check/Money Order (Payable to Texas Southern Dept. of Campus Recreation)

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TIGER CAMP_{us} REC SUMMER DAY CAMP **Registration & Pick up Authorization**

Parent Name(s)	<u>Physical Address</u>	<u>Phone Number</u>	<u>Work Phone #</u>	<u>E-Mail Address</u>
Authorized Pick Up List	<u>Physical Address</u>	<u>Phone Number</u>	<u>Work Phone #</u>	<u>E-Mail Address</u>

Camper Pick up Authorization

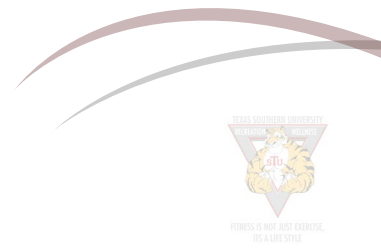
My child should be kept at the Summer Day Camp until he/she is picked up AND signed out by one of the parents/guardians or other designated individual listed above. I understand that the person picking up my child, will be asked to show a government issued photo ID (driver's license, ID card, current Passport, etc.). Parent **must** list themselves in addition to any other authorized individual. **Only those listed below will be permitted to pick up my child.** I understand that Campus Recreation Summer Day Camp staff will not release my child to anyone not listed, regardless of relationship to child. If specific individuals are **not** permitted to pick up my child, I must attach appropriate documentation.

Parent Signature: _____

Date: _____

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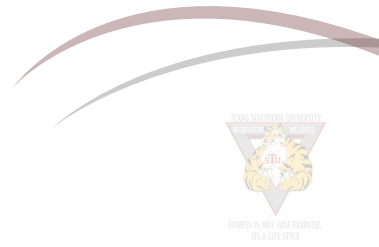
Camper Registration Information

Camper #1 Name	<u>Birthdate</u>	<u>Age as of 4/1/22</u>	<u>T-Shirt Size</u>	<u>Gender</u>
Camper #2 Name	<u>Birthdate</u>	<u>Age as of 4/1/22</u>	<u>T-Shirt Size</u>	<u>Gender</u>
Camper #3 Name	<u>Birthdate</u>	<u>Age as of 4/1/22</u>	<u>T-Shirt Size</u>	<u>Gender</u>
Camper #4 Name	<u>Birthdate</u>	<u>Age as of 4/1/22</u>	<u>T-Shirt Size</u>	<u>Gender</u>

<u>Week</u> REGISTRATION	<u>Field Trip</u>	<u>Total amount per week</u>	<u>TSU Student Fee</u> \$90 per camper	<u>TSU Staff/Faculty Fee</u> \$110 per camper	<u>TSU Alumni Fee</u> \$120 per camper	<u>Community Fee</u> \$130 per camper
Session 1: 6/6 - 6/10	Bounce Bounce	\$				
Session 2: 6/13-6/17	Movie- Edward's Cinema	\$				
Session 3: 6/20 -6/24	ITZ USA	\$				
Session 4: 6/27-7/1	REC-Birthday Party	\$				
Session 5: 7/5-7/8	Movie- Edward's Cinema	\$				
Session 6: 7/11-7/15	Typhoon Texas	\$				
Session 7: 7/18-7/22	Skate USA	\$				
Session 8: 7/25-7/29	End of Camp Showcase	\$				

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Camper Registration Information (Cont'd)

**** Please note: to receive Student Rate, applicant must meet the following requirements:

- Enrolled in Summer I or II 2022 semester as a TSU student OR have completed the spring 2022 semester as a TSU Student.
- Enrolled in undergraduate, post-bac or graduate program

**** Payroll Deduction Requirements:

- Must be a full time employee of Texas Southern University at the time of enrollment
- Payroll deduction forms must be received by **May 15th** for approved enrollment payment.

Learn to Swim Program

Campers have the option to opt out of the Learn to Swim Program (Note: although we encourage all campers to take advantage of our well-structured learn to swim program we understand other factors may play a role to prevent that from occurring).

If you check **YES**, your camper will be added to the learn to swim program and will participate in the daily swim activities offered.

If you check **NO**, your camper will be placed in a daily reading based education session that will require daily written assignments. If you decide to change your mind, and opt back in, your camper will begin L-T-S sessions the following week.

LEARN TO SWIM PROGRAM

Please check the appropriate box below:

- ☐ **YES** My camper(s) WILL participate in the learn to swim program.
- ☐ **NO** My camper(s) WILL NOT participate in the learn to swim program. I understand that if I opt my camper OUT of the program they will be required to attend a daily reading based education session during their swim period.

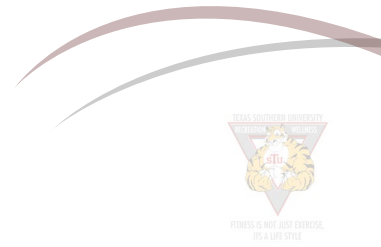
Parent Signature: _____

Date: _____

Please note: if campers are consistently missing prolonged swim sessions the camp administration will have full authority to remove the camper from the L-T-S program and place them in the alternative education sessions.

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RELEASE AND WAIVER OF LIABILITY

I give permission for my child to participate in this camp at facilities owned and operated by TSU. I acknowledge and accept that the camp may expose my child to hazards and risks, including injury or death, and that TSU cannot control these risks. I acknowledge there be physically strenuous activities and certify that my child is fit and capable of such participation. I understand that TSU is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that TSU does not provide medical insurance for me and my child. I certify that my child is covered by adequate insurance to cover any personal injury which he may sustain while participating in this camp. **In consideration of TSU providing the opportunity for my child to participate in this camp, I release TSU, its Board of Regents, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during, or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue TSU, its Board of Regents, officers, employees, and representatives from liability for the injury or death of any person (s) or damages to property that may result from my child negligent of intentional act or omission while participating in the camp.**

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for TSU to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and TSU is not able to reach me or the emergency contact, I authorize TSU to sign all necessary papers and arrange for emergency treatment and hospital care.

I am the parent or legal guardian of the minor

_____, and I am signing on behalf of said
minor.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Phone# _____

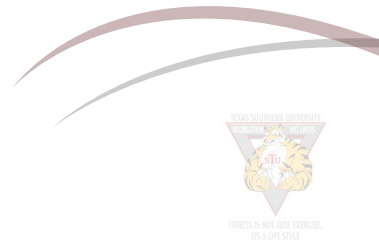
Work# _____

Cell phone _____

Date _____

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Behavior Expectations

The TIGER CAMPus REC Summer Day Camp Staff and Administration provides children with guidelines for appropriate behavior and rules to follow while enrolled at camp. We encourage positive actions through positive reinforcement and close supervision. Our main goal is to keep the children safely involved in activities so the inappropriate behavior is limited. The following steps shall be followed if inappropriate behavior occurs. Special modifications may be made to adapt to a child's needs.

1. The child is spoken to privately in a firm but gentle manner regarding any unacceptable behavior.
2. If unacceptable said behavior continues, the child is removed from the activity or area for a cool down/timeout period until both the administrative staff member and the child feels the child is ready to return.
3. If the unacceptable behavior still continues, the child's parent will be called or spoken with before the child departs for the day.
4. A Behavior Report will be completed and placed in the camper's file any time a child receives a cool down/time out.
5. If a camper receives three behavior reports during his enrollment in camp, the camper's participation in camp can be dismissed.
6. An Incident Report will be filed when there is evidence that a camper has engaged in behavior that results in property destruction, injury to an individual, inappropriate touching of an individual, multiple behavior reports and other inappropriate behavior is grounds for dismissal from camp.
7. A child may be dismissed from camp without prior notice to the parents if:
 - a. A child engages in behavior that causes an individual to require medical attention.
 - b. A child displays violent, uncontrollable behavior that puts others in the program at risk.

** A child dismissed from a session will not be able to participate in any camp sessions for the remainder of the year.

** Behavior incidents will never be dealt with in a demoralizing, humiliating, or abusive manner. No child shall be subject to neglect, cruel, unusual, severe, or corporal punishment including: punishments which subject a child to verbal abuse, ridicule, humiliation, denial of food, use of bathroom facilities, punishment for soiling, wetting, or not using the toilet.

** Verbal or physical abuse by a camper or by their parent is not allowed. Abusive language includes statements that are cruel, humiliating, ridiculing, bullying and foul.

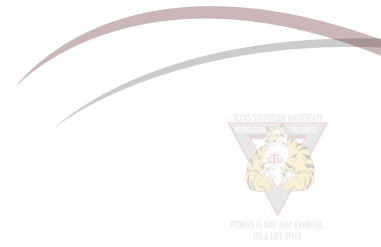
Print Child(ren)'s Name(s) _____

Print Parent/Guardian's Name _____

Signature _____ Date _____

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Camper's Name

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____ Height: _____ ft _____ in

Weight: _____ lbs

Medical Information

Does your child have any allergies? (Check all that apply)

☐None ☐Food ☐Medication ☐Environmental Please list and explain: ☐Anesthesia ☐other

Do these allergy/allergies require monitoring for symptoms, take action if a reaction occurs or give emergency medication?

☐No ☐Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.

Please indicate any of the following that apply to your child:

- ☐ Any condition that may require special care, medication, or diet
- ☐ ADD or ADHD
- ☐ Asthma
- ☐ Seizures
- ☐ Heart trouble
- ☐ Contact lenses
- ☐ Diabetes
- ☐ Fainting spells
- ☐ Bleeding disorders
- ☐ Dentures
- ☐ Other

Is your child currently using any medication (prescription or over-the-counter), food supplement or medical food (such as electrolyte solution)?

☐No ☐Yes, please explain _____

If yes, does this need to be administered at the camp?

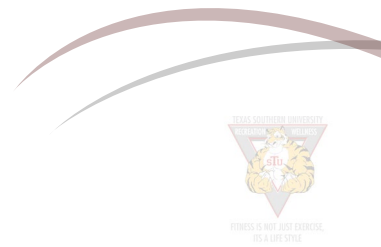
☐No ☐Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.

Date of last physical exam: _____

Date of last tetanus shot: _____

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List any history of hospitalization, outpatient surgery, or previous health condition that would be needed to assist the staff or medical personnel in an emergency situation:

List any additional useful information, such as fears, eating or sleeping habits or special routines. This information should not be medical or health related, as that information should be above.

Does your child have any additional restrictions?

- ☐ I have reviewed the program and activities of the camp and feel my child can participate without restrictions.
- ☐ I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations. Please describe:

Physician

Name: _____

Address: _____ Phone Number: _____

Health Insurance Company Employee Group # _____

Policy Holder Name Member # _____

Please attach a photo copy of current immunization record.

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AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK OR LIKENESS

I, (printed name) _____ permit and authorize Texas Southern University (the "University") and its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, a video and/or recording or other likeness of myself (hereinafter collectively referred to as "My Likeness") for purposes related to the educational mission of the University, including instructional and/or educational purposes, publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, e-mails, billboards, signs, brochures, placement on websites and/or electronic delivery, publication, display, or promotion on any and all other media, and I further understand that My Likeness may be subject to reasonable modification or editing. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness in accordance with this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness (hereinafter sometimes referred to simply as "this Authorization"). I waive any right to inspect or approve the finished product or material in which the University may eventually use My Likeness.

I relinquish and give the University all rights, title and interests in and to My Likeness, including any copyright therein. This Authorization shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization.

I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

Signature

_____/_____
Date Age (if minor)

Printed or typed name

Phone

Address

City/State/Zip

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR

I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his behalf.

Signature

Date

Printed or typed name

Phone

Address

City/State/Zip

Note: Modification of this Form requires approval by the Office of General Counsel.

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TEXAS SOUTHERN UNIVERSITY

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Release and Indemnification Agreement for Minors

PARTICIPANT: (Name and Address)

INSTITUTION:

Texas Southern University

Dept: _____

DESCRIPTION OF ACTIVITY OR TRIP: _____

LOCATION:

DATE(s):

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. I represent that the Participant is physically able, with or without accommodation, to participate in the above-referenced Activity or Trip, is able to use the equipment and/or supplies associated with the Activity or Trip, and has obtained all required immunizations.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above-named institution, its governing board, officers, employees, and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

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I understand and agree that Institution does not have medical personnel available at the location of the Activity or on the campus. I understand and agree that Institution is granted permission to authorize emergency medical treatment, if necessary, and that such action by Institution shall be subject to the terms of this Agreement. I understand and agree that Institution assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Institution. I further agree to save and hold harmless, indemnify, and defend Institution from any claim by me or my family, arising out of my participation in the Activity or Trip.

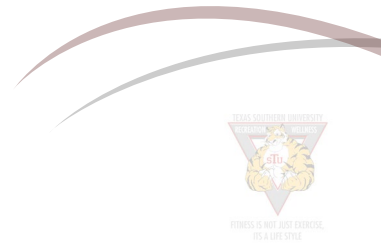
In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Institution does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Should Participant require emergency medical treatment as a result of accident or illness arising during the Activity or Trip, I consent to such treatment. I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatments. I acknowledge that Institution does not provide health and accident insurance for participants in the Activity for Trip and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify Institution representatives in writing if Participant has medical conditions about which emergency medical personnel should be informed.

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I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Signature of Parent/Guardian

Signature of Witness

Date Signed

Date Signed

Address (if different than Participant's)

Phone Number

[Note: To request disability accommodations for this Activity or Trip, please contact the Office of Disability Services at least 10 days in advance of Activity or Trip by calling (713) 313-4210 (voice); 866-581-9328 (TTY) or 800-628-5115.

Note: Modification of this Form requires approval by the Office of General Counsel.